<b>.</b>		PART P	THE E(S)	TRANSMIT	TAL _			
	this form, together	JUI	V 0 7 2006	Comm P.O. B Alexan (571)-2	nissioner for Box 1450 ndria, Virgin 273-2885	Patents nia 22313-1450		
NSTRUCTIONS: This for appropriate. All further condicated unless corrected maintenance fee notification	orm should be used for tran rrespondence including the below or directed otherwise ns.	smitting the Solution at the last sent, advance of in Block I, by (a	F FEE and to End not specifying	PUBLICATION fication of main a new correspon	FEE (if require tenance fees wi dence address; a	ed). Blocks 1 through 5 sill be mailed to the current and/or (b) indicating a sep	should be completed where t correspondence address as arate "FEE ADDRESS" for	
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BIRCH STEWART KOLASCH & BIRCH , LLP P O BOX 747 FALLS CHURCH, VA 22040					Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
					(Depositor's name)			
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ADM IGATION NO.					1"		(Date)	
APPLICATION NO.	FILING DATE		TAK A FUNC			ATTORNEY DOCKET NO.	CONFIRMATION NO.	
TAKAFUMI NOGUCHI 2091-0189P 3867 TITLE OF INVENTION: METHOD AND SYSTEM FOR ADJUSTING IMAGE BRIGHTNESS BASED ON COLOR SATURATION COMPONENTS								
APPLN, TYPE	SMALL ENTITY	ISSUE FE	EE PUBLICATIO		ION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400		\$0		\$1400	06/08/2006	
EXAMINER		ART UNIT		CLASS-SUI	BCLASS			
WHIPKEY, JASON T		2612		348-362	2000			
CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE								
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a. The following fee(s) are  Issue Fee  Publication Fee (No. Advance Order - # o	b. Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached. (if necessary)  The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-2448 (enclose an extra copy of this form).							
a. Applicant claims S	from status indicated above MALL ENTITY status. See is requested to apply the see	12 CERT 27		_	_	_ ENTITY status. See 37 C	,	
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					_	#29,680	J. A. HORRO	
lox 1450, Alexandria, Virg Llexandria, Virginia 22313	on is required by 37 CFR 1.3 ity is governed by 35 U.S.C. pplication form to the USPT is for reducing this burden, shinia 22313-1450. DO NOT 1-1450. etion Act of 1995, no persons	SEND FEES OR C	OMPLETED	FORMS TO TH	IS ADDRESS.	SEND TO: Commissioner	for Patents, P.O. Box 1450,	